



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL
ORGANIZATION REPORT

FORM OGC-1

FULL NAME OF THE COMPANY, ORGANIZATION, OR INDIVIDUAL UNDER WHICH OIL AND GAS DRILLING, PRODUCING, TRANSPORTING, OR REFINING WILL BE CARRIED ON IN MISSOURI

CHARLES E. COLEMAN

ADDRESS <u>25719 S. RODIER RD</u>	CITY <u>FREEMAN</u>	STATE <u>MO.</u>	ZIP CODE <u>64746</u>
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PLAN OF ORGANIZATION (STATE WHETHER ORGANIZATION IS A CORPORATION, JOINT STOCK ASSOCIATION, FIRM OR PARTNERSHIP, OR INDIVIDUAL)

INDIVIDUAL CHARLES E. COLEMAN

IF A REORGANIZATION, GIVE NAME AND ADDRESS OF PREVIOUS ORGANIZATION -

IF A FOREIGN CORPORATION, GIVE (1) STATE WHERE INCORPORATED	(2) NAME AND POST OFFICE ADDRESS OF STATE	(3) DATE OF PERMIT TO DO BUSINESS IN STATE
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PRINCIPAL OFFICERS OR PARTNERS (IF PARTNERSHIP) NAME	TITLE	POST OFFICE ADDRESS
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DIRECTOR'S NAME	POST OFFICE ADDRESS

CERTIFICATE: I, the undersigned, state that I am the OWNER of the CHARLES E. COLEMAN (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.

SIGNATURE Charles E. Coleman

NOTARY PUBLIC EMBOSSER SEAL	STATE OF MISSOURI	COUNTY (OR CITY OF ST. LOUIS) <u>CASS</u>	ON THIS <u>21</u> DAY OF <u>OCT</u> , 20 <u>05</u>	BEFORE ME
	NAME OF NOTARY (PRINT OR TYPE) <u>DIANNA MILLER</u>		A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED	
	NAME OF INDIVIDUAL (PRINT OR TYPE) <u>CHARLES E. COLEMAN</u>		KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN	
	TYPE OF DOCUMENT		AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED	
	NOTARY PUBLIC SIGNATURE <u>Dianna Miller</u>		MY COMMISSION EXPIRES <u>8-21-09</u>	
		USE RUBBER STAMP HERE		

NOTE ► After any change occurs as to facts stated in the report as submitted and filed, a subsequent report shall be filed with the State Geologist with respect to such change within 30 days after the effective date of change.

Upon change of ownership of any well or wells, producing or non-producing, notice shall be given to the State Geologist within 10 days after the change of ownership.

RECEIVED
OCT 26 2005



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Charles E. Coleman

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Dianna Miller

MY COMMISSION EXPIRES

8.21.09

USE RUBBER
STAMP HERE



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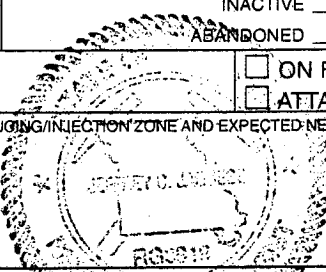
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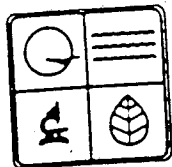


MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL

FORM OGC-3

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

<input checked="" type="checkbox"/> APPLICATION TO DRILL		<input type="checkbox"/> DEEPEN	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FOR AN OIL WELL	<input checked="" type="checkbox"/> OR GAS WELL
NAME OF COMPANY OR OPERATOR <u>CHARLES E. COLEMAN</u>				DATE <u>9-30-05</u>	
ADDRESS <u>25719 S. RODIER</u>		CITY <u>FREEMAN</u>		STATE <u>MO.</u>	ZIP CODE <u>64746</u>
DESCRIPTION OF WELL AND LEASE					
NAME OF LEASE <u>Coleman</u>		WELL NUMBER <u>#1</u>		ELEVATION (GROUND)	
WELL LOCATION (GIVE FOOTAGE FROM SECTION LINES) <u>1900</u> FT. FROM (S) SECTION LINE <u>2654</u> FT. FROM (W) SECTION LINE					
WELL LOCATION	SECTION <u>6</u>	TOWNSHIP <u>44</u>	RANGE <u>32</u>	LATITUDE	LONGITUDE
				COUNTY <u>CASS</u>	
NEAREST DISTANCE FROM PROPOSED LOCATION TO PROPERTY OR LEASE LINE <u>580' AS PL</u> FEET + <u>734' EN PL</u>					
DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED - FOR WELL ON THE SAME LEASE _____ FEET					
PROPOSED DEPTH <u>250' to 300'</u>	DRILLING CONTRACTOR, NAME AND ADDRESS			ROTARY OR CABLE TOOLS	APPROX. DATE WORK WILL START <u>10-20-05</u>
NUMBER OF ACRES IN LEASE <u>125</u>	NUMBER OF WELLS ON LEASE, INCLUDING THIS WELL, COMPLETED IN OR DRILLING TO THIS RESERVOIR <u>1</u>				
					NUMBER OF ABANDONED WELLS ON LEASE <u>0</u>
IF LEASE PURCHASED WITH ONE OR MORE WELLS DRILLED, FROM WHOM PURCHASED? NAME _____ ADDRESS _____					NO. OF WELLS: PRODUCING _____ INJECTION _____ INACTIVE _____ ABANDONED _____
STATUS OF BOND		<input checked="" type="checkbox"/> SINGLE WELL AMOUNT \$		<input type="checkbox"/> BLANKET BOND AMOUNT \$	
				<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED	
REMARKS: (IF THIS IS AN APPLICATION TO DEEPEN OR PLUG BACK, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING/INJECTION ZONE AND EXPECTED NEW INJECTION ZONE; USE BACK OF FORM IF NEEDED.)					
					
PROPOSED CASING PROGRAM				APPROVED CASING - TO BE FILLED IN BY STATE GEOLOGIST	
AMOUNT	SIZE	WT/FT	CEM.	AMOUNT	SIZE
<u>250' to 300'</u>	<u>4" STEEL</u>			<u>OK</u>	<u>OK</u>
					<u>will need grout</u>
					<u>Cement is to be used</u>
					<u>to back up seal</u>
					<u>Casing</u>
I, the undersigned, state that I am the <u>OWNER</u> of the <u>CHARLES E. COLEMAN</u> (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.					
SIGNATURE <u>Charles E. Coleman</u>				DATE <u>9-30-05</u>	
PERMIT NUMBER <u>20757</u>				<input checked="" type="checkbox"/> DRILLER'S LOG REQUIRED <input checked="" type="checkbox"/> CORE ANALYSIS REQUIRED IF RUN <input type="checkbox"/> SAMPLES REQUIRED <input type="checkbox"/> SAMPLES NOT REQUIRED <input type="checkbox"/> WATER SAMPLES REQUIRED AT	
APPROVED DATE <u>11-3-05</u>				<input checked="" type="checkbox"/> E-LOGS REQUIRED IF RUN <input checked="" type="checkbox"/> DRILL SYSTEM TEST INFO. REQUIRED IF RUN	
APPROVED BY <u>[Signature]</u>					
NOT THIS PERMIT NOT TRANSFERABLE TO ANY OTHER PERSON OR TO ANY OTHER LOCATION.					
APPROVAL OF THIS PERMIT BY THE OIL AND GAS COUNCIL DOES NOT CONSTITUTE ENDORSEMENT OF THE GEOLOGIC MERITS OF THE PROPOSED WELL NOR ENDORSEMENT OF THE QUALIFICATIONS OF THE PERMITTEE.					
I _____ of the _____ Company confirm that an approved drilling permit has been obtained by the owner of this well. Council approval of this permit will be shown on this form by presence of a permit number and signature of authorized council representative.					
DRILLER'S SIGNATURE				DATE <u>OCT 26 2005</u>	



MISSOURI DEPARTMENT OF NATURAL RESOURCES
FAX Transmittal Cover Sheet

Date of Fax: 10-4-05

- ☐ URGENT
- ☐ Priority
- ☐ Routine
- ☒ As Requested
- ☐ FYI

To: Scott Evans
for Charles E Cdean

FAX: 913-557-9084 Phone: _____

From: Jeff JAQUESS

Oil & Gas Geologist

FAX: 573-368-2317

Phone: 368-2195

SUBJECT: _____

COMMENTS: Private Gas well 1900 FSL 2054 FWL

Section 6 T 44N R 32W

RESPONSE EXPECTED: NO

Total # of pages sent (including transmittal sheet): 2

If problems with FAX call: Jeff

September 16, 2005

Mr. Charles Coleman
PO Box 262
Camdenton, MO 65022

Cass County
Freeman MO
Gas well information

Dear Mr. Coleman:

I have enclosed the following forms:

- OGC-1
- OGC-2
- OGC-2A
- Guidelines for CD bonding
- OGC-2B
- example Irrevocable Letter of Credit
- OGC-3
- Notice to cancel permit
- OGC-4
- OGC-5
- OGC-6
- OGC-7
- OGC-8
- Well conversion agreement
- Notice to Cancel Permit Application

There is also a list of Oil and Gas contractors that do business in Missouri. Some of them are over in Kansas since just across the state line are several oil and gas wells that coincide with the counties of Jackson, Cass, Vernon, Bates and Clay.

I have also enclosed a list of drillers in the area that have experience in drilling gas wells.

I have also enclosed a copy of Procedures for Permitting a Gas Well In Missouri for Personal Use.

Prior to the drilling of the well, you must file an Organization Report, provide bonding, and file an Application to Drill, to my office before drilling is to commence.

If I can be of any further assistance please feel free to contact me at the numbers or e-mail address listed below.

Sincerely,
GEOLOGICAL SURVEY AND RESOURCE ASSESSMENT DIVISION

Jeff Jaquess, Oil & Gas Geologist
Geological Survey Program
Wellhead Protection Section
P.O. Box 250 Rolla, MO 65402
573-368-2195
573-368-2317 fax
E-mail: jeff.jaquess@dnr.mo.gov
(www.dnr.mo.gov/geology/geosrv/wellhd/wellhead.htm)

Enclosures